## LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

| FOR OFFICE USE                                   | ONLY        |
|--|-------------|
| FOR OFFICE USE ( Postmark Date: O\ \2\frac{1}{2} | <u>5\05</u> |
|  |             |
| Pan. 2005  |             |
| V#4095   |             |

JW00,0114

1.050005

## **Instructions**

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3th Floor, Baton Rouge, LA 70808, (225) 763-8777 or
- Initial registrations must be submitted within 5 days of (1) employment as a
  lobbyist or (2) first action requiring registration. Registrations expire as of
  Documber 31 unless a renewal is submitted between Documber 1 and January
  31.
- 1. NAME Boggs Thomas F.
  Last First MI
- 2. BUSINESSPHONE 225-382-0182

Area Code and Phone Number

3. BUSINESS ADDRESS One American Place, Suite 1018, Baton Rouge, LA 70825

Street and No. City State Zip

MAILING ADDRESS P. O. Box 374, Baton Rouge, LA 70821

Street and No. City State Zip

- 4. EMPLOYER BellSouth Telecommunications, Inc.
- 5. EMPLOYER'S ADDRESS 365 Canal Street, Suite 3000, New Orleans, LA 70130-1102

Street and No.

St

Zip

- 6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone clse pays you to lobby.
  - t. Name Same as above

Address
Business or purpose

Does this person pay you?\_\_\_\_\_

If No, who pays you?

HAND DELIVERED

## LOBBYING REGISTRATION FORM



| 2.  | Name                      |                   |  |
|---|---------------------------|-------------------|--|
|   | Address                   |                   |  |
|   | Business or purpose       |                   |  |
|   | Does this person pay you? |                   |  |
|   | If No, who pays you?      | ·                 |  |
| 3.  | Name                      |                   |  |
|   | Address                   |                   |  |
|   | Вивілсяв от ригрове       |                   |  |
|   | Does this person pay you? |                   |  |
|   | If No, who pays you?      | <u>-</u>          |  |
| 4,  | Name                      |                   |  |
|   | Address .                 |                   |  |
|   | Business or purpose       |                   |  |
|   | Does this person pay you? |                   |  |
|   | If No, who pays you?      | ·                 |  |
|   | CERTIFICATION OF ACCURACY |                   |  |
| I hereby certify that the information contained herein is true and correct to the best of my knowledge,     |                           |                   |  |
| information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et |                           |                   |  |
| seq.] has been deliberately omitted.  |                           |                   |  |
|   |                           |                   |  |
|   | Signature of Lobbyist     | ATTACH<br>2" z 2" |  |
|   | · •                       | PHOTOGRAPH        |  |
|   |                           | HERE              |  |
|   |                           |                   |  |
| Fon   | m 500, Rep., 1(x)2(x)2:   |                   |  |